



Medical Examiner Department
Public Interment Program



PIP Case Number: _____

Decedent Information
(Infant Death)

1. Deceased:

(first, middle, last) _____ 2. Sex: _____

3. Race: White Black Asian Indian Amer. Indian Chinese Filipino Korean Vietnamese
Native American Japanese Other Asian Other (Specify) _____

4. **Decedent of Hispanic or Haitian origin?** Yes (If yes, please specify.) No

Mexican Cuban Puerto Rican Central/South American Other Hispanic (Specify) _____
Haitian

Fetal Deaths:

5. Clinical estimate of gestation: _____ (weeks) 6. Date of Delivery: _____

7. Weight of fetus (lbs./oz. OR grams) 8. Time of Delivery: _____
_____ (lbs.) _____ (oz.) _____ (grams) (24 hours)

9. Estimated time of fetal death

Before labor During labor During delivery Unknown

10. **Under one year Under one day**
Months Days Hours Minutes Secs.

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11. Time of Death: _____
(24 hrs)

12. Date of Death: _____

13. Place of Death: _____
Hospital/E.R., residence, other (please specify)

Parents:

14. Mother's Name: _____ Date of Birth: _____

15. Address: _____

16. Father's Name: _____ Date of Birth: _____

17. Informant's Name and Mailing Address: _____

18. Attending Physician: _____

19. Address: _____

20. City/State/Zip Code: _____

21. Phone: _____